

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Lester Zalewski
Name

(2) 545 S. Ft. Lauderdale Blvd
Address (number and street)

Ft Lauderdale FL 33301
City, State, Zip Code

OFFICE USE ONLY

2012 DEC 14 PM 3:09

CITY CLERK

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought):

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

City Commission District II

☐ CHECK IF PC HAS DISBANDED

☐ CHECK IF CCE HAS DISBANDED

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 1 / 12 To 12 / 7 / 12 Report Type _____

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 10,000.00

Loans \$ 10,000.00

Total Monetary \$ 10,000.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 400.00

Transfers to Office Account \$ _____

Total Monetary \$ 400.00

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 10,000.00

(10) TOTAL Monetary Expenditures To Date
\$ 400.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Individual (only for electioneering commun.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X

Signature

Lester Zalewski

Lester Zalewski

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Lester Zalewski (2) I.D. Number _____
 (3) Cover Period 10 / 1 / 12 through 12 / 7 / 12 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
5 / Dec / 12	City of Fort Lauderdale 100 N Andrews Ave Ft Lauderdale FL 33301	Assessment Fee			\$300.00
5 / Dec / 12	City of Fort Lauderdale 100 N Andrews Ave Ft Lauderdale FL 33301		Qualifying Fee		\$100.00
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1 / 1					
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1 / 1					
1 / 1					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

Lester Zalewski

(1) Name *Lester Zalewski*

(2) I.D. Number _____

(3) Cover Period *10 / 1 / 12* through *12 / 7 / 12*

(4) Page *1* of *1*

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
<i>16 / Nov / 12</i>	<i>Lester Zalewski</i> <i>5455 Ft Land Blvd</i> <i>Ft Land FL 33316</i>			<i>Loan</i>			<i>10,000.00</i>
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